



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E419848**

CASE #	15-01079
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	PIPE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>
TRIBAL RESERVATION					

DATE OF COLLISION	04	-	27	-	2015	TIME (2400)	1638	COUNTY #	31	MILES	N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input checked="" type="checkbox"/>	NON-INTERSECTION	<input type="checkbox"/>	
20TH STREET NE				BLOCK NO.	
				MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	127TH AVENUE NE
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UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	
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LAST NAME	EWEN	FIRST NAME	CHERI	MIDDLE INITIAL	L
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STREET NEW ADDRESS	2202 127TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588683
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	EWEN*CL335BU	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	-	31	-	1967
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	019XKM	STATE	WA	VIN#	1FAHP35N68W151377
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	FORD	MODEL	FOC4D	STYLE	4D	VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 37S1224D0147	CITATION #		CHARGE	
VEHICLE LEGALLY STANDING	YES	NO					



UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	NO	PHONE	
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LAST NAME	DIONNE	FIRST NAME	BRITTA	MIDDLE INITIAL	J
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STREET NEW ADDRESS	1424 94TH DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586620
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	DIONNBJ273LJ	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	06	-	11	-	1973
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ATM2630	STATE	WA	VIN#	19XFB2F5XCE332610
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	HOND	MODEL	CIV	STYLE	4D	VEHICLE TOWED	YES	NO	TOWED BY		GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO X5861870	CITATION #		CHARGE	
VEHICLE LEGALLY STANDING	YES	NO					



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E419848**

CASE # **15-01079**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

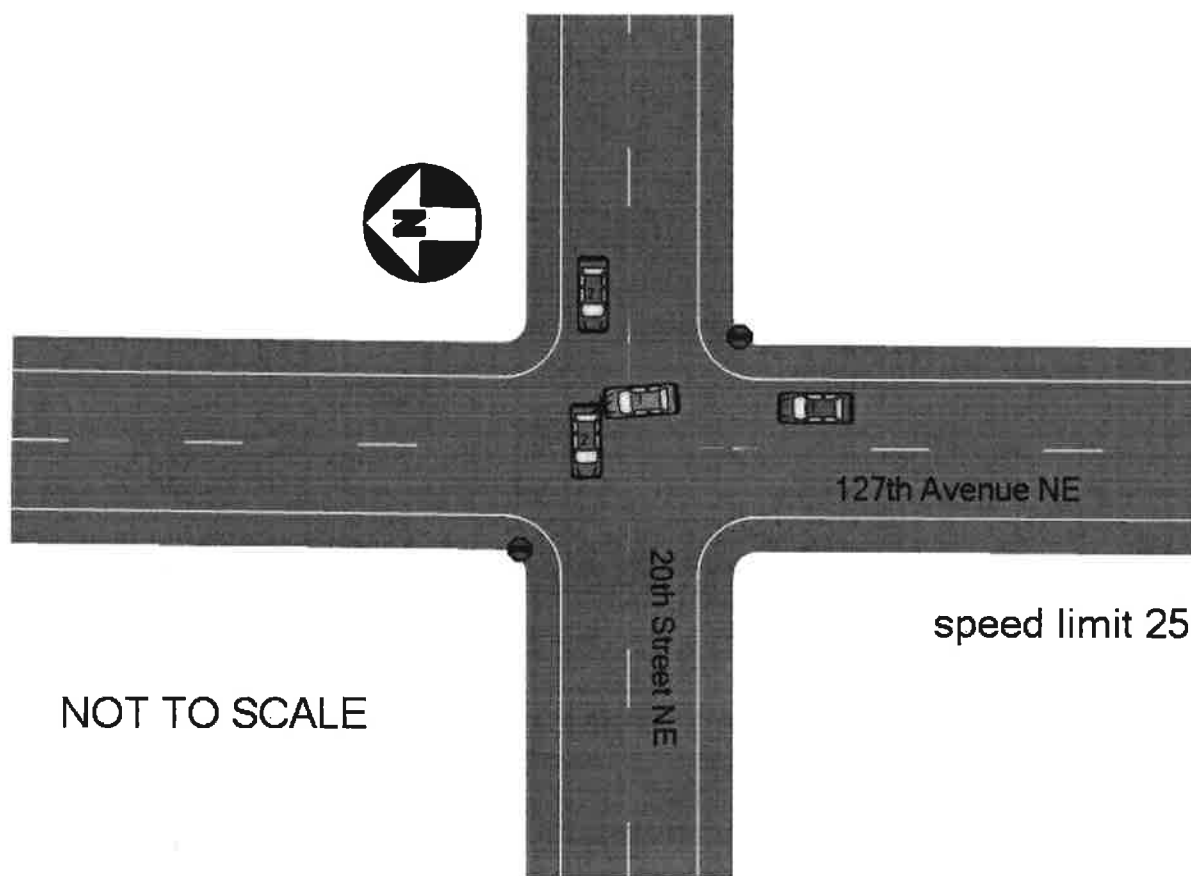
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

Dispatched to 127th Avenue NE and 20th Avenue NE for a two vehicle non-injury/non-blocking collision. I contacted the driver of vehicle 1 who said she was stopped at the stop sign N/B 127th Avenue NE. Driver 1 said that a red truck was approaching her vehicle and she thought she was going to be hit. Driver 1 said that she went across the intersection and collided with the left rear of vehicle 2. Driver of vehicle 2 said she was W/B 20th Street N/E when vehicle 1 came through intersection and collided with her vehicle. Vehicle 1 had stop signs. Vehicle 2 had no traffic control. There were no injuries and both vehicles sustained minor damage.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>R. RUTHERFORD</b>		<b>04-27-15 05:14 PM</b>			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY		DATE		PLACE SIGNED	
<b>SGT. C. VALVICK 71</b>		<b>4/28/2015 8:58:19 AM</b>			
BADGE OR ID #	<b>130</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:38 PM</b>
				TIME POLICE ARRIVED	<b>4:43 PM</b>



NOT TO SCALE

speed limit 25 MPH

Incident History for: #SS15008123 Xref: #SS15008125

Case Numbers: \$SS15001079

Entered 04/27/15 16:37:38 BY SPCT10 SP0136  
Dispatched 04/27/15 16:38:07 BY SPDP17 SP0274  
Enroute 04/27/15 16:38:07  
Onscene 04/27/15 16:43:16  
Closed 04/27/15 17:14:50

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: NORT

Src: T

Loc: 127 AV NE/20 ST NE , LKS (V)

Loc Info:

Name: DIONNE, BRITTA

Addr:

Phone: 4257372456

/1637 (SP0136) ENTRY , CC 2 VEH'S, NON INJ, NON BLOCKING  
/1637 (SP0274) AGCADV , BOLO  
/1638 DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)  
/1638 \$PREMPT 19D2  
/1638 DISPER 19D3 #SS130 RUTHERFORD, OFCR (RICH)  
/1638 (SS130 ) REMINQ 19D3 MDTVEH, B69818L, , WA, , , , , , , , , ,  
/1641 (SP0274) \$CROSS #SS15008125  
/1641 DUP #SS15008125  
/1641 DUP NAM: EWEN, CHERI  
PHO: 4252631721  
  
/1643 (SS130 ) \*ONSCNE 19D3  
/1645 (\*\*\*\*\* ) REMINQ 19D3 ATM2630  
/1645 (SP0274) REMINQ 19D3 LIC, 19D3, ATM2630, , ,  
/1647 (SS130 ) REMINQ 19D3 MDTVEH, 019XKM, , WA, , , , , , , , , ,  
/1654 (SP0274) ASNCAS 19D3 \$SS15001079  
/1714 (SS130 ) \*CLEAR 19D3 D/H  
/1714 CLOSE 19D3